

SERFF Tracking Number:	HUMA-127312502	State:	Arkansas
Filing Company:	Humana Insurance Company	State Tracking Number:	49260
Company Tracking Number:	AR-11-009-H1		
TOI:	H16I Individual Health - Major Medical	Sub-TOI:	H16I.005A Individual - Preferred Provider (PPO)
Product Name:	GN-71088 SAB 7/2011		
Project Name/Number:	/		

Filing at a Glance

Company: Humana Insurance Company

Product Name: GN-71088 SAB 7/2011

TOI: H16I Individual Health - Major Medical

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Filing Type: Form

SERFF Tr Num: HUMA-127312502 State: Arkansas

SERFF Status: Closed-Approved- Closed
State Tr Num: 49260

Co Tr Num: AR-11-009-H1

State Status: Approved-Closed

Author: Latunia Riley

Date Submitted: 07/07/2011

Reviewer(s): Rosalind Minor

Disposition Date: 07/14/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

State Filing Description:

Implementation Date:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type: Individual

Filing Status Changed: 07/14/2011

State Status Changed: 07/14/2011

Created By: Latunia Riley

Corresponding Filing Tracking Number: AR-11-009-H1

Deemer Date:

Submitted By: Latunia Riley

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Please see cover letter

Company and Contact

Filing Contact Information

SERFF Tracking Number: HUMA-127312502 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49260
 Company Tracking Number: AR-11-009-HI
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: GN-71088 SAB 7/2011
 Project Name/Number: /

Latunia Riley, Contract Analyst
 2 Riverwood Place
 W24133 Riverwood Dr.
 Suite 250
 Waukesha, WI 53188

lriley2@humana.com
 262-408-4617 [Phone]

Filing Company Information

Humana Insurance Company
 1100 Employers Boulevard
 Green Bay, WI 54344
 (800) 558-4444 ext. [Phone]

CoCode: 73288
 Group Code: 119
 Group Name:
 FEIN Number: 39-1263473

State of Domicile: Wisconsin
 Company Type: Life & Health
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	07/07/2011	49539264

<i>SERFF Tracking Number:</i>	<i>HUMA-127312502</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>AR-11-009-HI</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>GN-71088 SAB 7/2011</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	07/14/2011	07/14/2011

<i>SERFF Tracking Number:</i>	<i>HUMA-127312502</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>49260</i>
<i>Company Tracking Number:</i>	<i>AR-11-009-H1</i>		
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<i>Product Name:</i>	<i>GN-71088 SAB 7/2011</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 07/14/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: HUMA-127312502 State: Arkansas
 Filing Company: Humana Insurance Company State Tracking Number: 49260
 Company Tracking Number: AR-11-009-HI
 TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider
 (PPO)

Product Name: GN-71088 SAB 7/2011

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Cover Letter	Approved-Closed	Yes
Supporting Document	NAIC Transmittal Document	Approved-Closed	Yes
Form	Policy Rider	Approved-Closed	Yes

SERFF Tracking Number: HUMA-127312502 State: Arkansas

Filing Company: Humana Insurance Company State Tracking Number: 49260

Company Tracking Number: AR-11-009-H1

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)

Product Name: GN-71088 SAB 7/2011

Project Name/Number: /

Form Schedule

Lead Form Number: GN-71088 SAB 7/2011

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/14/2011	GN-71088 SAB 7/2011	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Policy Rider	Initial			Policy Rider SAB.pdf

POLICY RIDER

HUMANA INSURANCE COMPANY

This rider is attached to and made part of the *policy* to which it is attached. Except as modified below, all *policy* terms, conditions, exclusions and limitations apply.

Supplemental Accident Benefit

The Supplemental Accident Benefit has been amended by adding the following benefit options:

[\$100 - \$25,000]

[Signature of Officer]
[Typed Name of Officer]
[Title of Officer]

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<i>Company Tracking Number:</i>	<i>AR-11-009-HI</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>GN-71088 SAB 7/2011</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	07/14/2011
Comments:		
Attachment:		
Certificate of Readability.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	07/14/2011
Bypass Reason: Not Applicable		
Comments:		

<i>SERFF Tracking Number:</i>	<i>HUMA-127312502</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Humana Insurance Company</i>	<i>State Tracking Number:</i>	<i>49260</i>
<i>Company Tracking Number:</i>	<i>AR-11-009-H1</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005A Individual - Preferred Provider (PPO)</i>
<i>Product Name:</i>	<i>GN-71088 SAB 7/2011</i>		
<i>Project Name/Number:</i>	<i>/</i>		

		Item Status:	Status
			Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	07/14/2011
Comments:			
Attachment:			
	Statement of Variability.Contract Forms.Rev.pdf		

		Item Status:	Status
			Date:
Satisfied - Item:	Cover Letter	Approved-Closed	07/14/2011
Comments:			
Attachment:			
	Filing Cover Letter.App-Enroll Only.pdf		

		Item Status:	Status
			Date:
Satisfied - Item:	NAIC Transmittal Document	Approved-Closed	07/14/2011
Comments:			
Attachment:			
	Arkansas NAIC Transmittal Document.pdf		

HUMANA INSURANCE COMPANY

CERTIFICATION

I hereby certify, to the best of my knowledge and belief, that the enclosed form(s) comply(ies) with the requirements of Arkansas Insurance Code 23-80-206.

Form Number(s)

GN-71087 SAB 7/2011

Flesch Test Reading Ease Score

50.6



Signed by: _____

Steven DeRaleau
Vice President

Date: July 7, 2011

Statement of Variability for Contract Forms

- All bracketed numbers are variable. Numbers within a section or provision are determined by the laws of the governing jurisdiction and will be varied only within the confines of the law.
- Bracketed paragraphs vary to the extent that such paragraphs may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.
- Bracketed sections vary to the extent that such sections may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular product.
- Definitions may vary to the extent that such definition may be included, omitted or transferred to another page to suit the needs of a particular policyholder subject to: (a) any statutory or regulatory requirements; and (b) the condition that the language and benefit be within the intent and framework of the particular provisions.
- Product information, including items which customarily vary according to the policyholder's specific plan of insurance, is bracketed.

We also reserve the right to amend the attached form(s) to fix any minor clerical errors that may have unintentionally gone unnoticed prior to submitting for approval, and to amend the language to clarify the intent, all within the confines of the law.

HUMANA®

July 7, 2011

Life and Health Division
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201

**RE: Humana Insurance Company
 Individual Health Form Filing
 Policy Rider: GN-71088 SAB 7/2011
 NAIC #73288
 FEIN # 39-1263473**

Dear Sir/Madam:

We are enclosing the above-noted form for your review and approval. This form will not replace any previously filed or approved form. This form will be used with our Personal Health Plan products.

The Supplemental Accident Benefit option values in the rider will be added to the Coverage Options section in the application that was previously approved by your Department.

Included with this submission are:

- Humana Insurance Company Certification;
- Statement of Variability for Contract Forms; and
- NAIC Transmittal Document.

If you have any questions regarding this filing, please contact me by phone at 1-800-289-0260, extension 2617, by fax at 920-632-0029 or by e-mail at lriley2@humana.com.

Sincerely,
Humana Insurance Company

Latunia Riley

Latunia Riley
Contract Analyst

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only						
	State Tracking ID						

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Humana Insurance Company 1100 Employers Blvd. Green Bay, WI 54344	Wisconsin	Life, Accident & Health	119	73288	39-1263473	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Latunia Riley (Contract Analyst) Humana Insurance Company N19 W24133 Riverwood Drive Waukesha, WI 53188	800-289-0260 ext 2617	920-632-0029	lriley2@humana.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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6.	Company Tracking Number	AR-11-009-H1					
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Employer <input type="checkbox"/> Discretionary <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Large <input type="checkbox"/> Association <input type="checkbox"/> Trust </div> <div> <input type="checkbox"/> Small and Large <input type="checkbox"/> Blanket </div> </div>					
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9.	Type of Insurance	H16I Individual Health-Major Medical					
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10.	Product Coding Matrix Filing Code	H16I.005A Individual-Preferred Provider(PPO)					
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input checked="" type="checkbox"/> FORMS <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input checked="" type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> </div> <div style="margin-bottom: 10px;"> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input checked="" type="checkbox"/> Certifications </div> </div> </div>					
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12.	Filing Submission Date	07/07/2011	
13	Filing Fee (If required)	Amount	\$50.00
		Check Date	EFT
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Check Number	
14.	Date of Domiciliary Approval	Rider unique to Arkansas	
15.	Filing Description:		
	See Cover Letter		
	<div style="border: 1px solid black; padding: 5px; display: inline-block;">View Complete Filing Description</div>		

16.	Certification (If required)
I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u> .	
Print Name <u>Latunia Riley</u> Title <u>Contract Analyst</u>	
Signature <u>Latunia Riley</u> <div style="display: inline-block; vertical-align: middle; font-size: small;"> Digitally signed by Latunia Riley DN: dc=com, dc=humad, ou=MILL, ou=Users, cn=Latunia Riley Date: 2011.07.07 16:32:04 -0500 </div> Date: <u>7/07/2011</u>	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR-11-009-H1
This filing corresponds to rate filing company tracking number		N/A

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Policy Rider	GN-71088 SAB 7/2011	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Rider			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		AR-11-009-H1		
Overall percentage rate indication (when applicable)		N/A		
Overall percentage rate impact for this filing		N/A %		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1